



VOLUNTEER & INTERN APPLICATION

PERSONAL INFORMATION (Please Print)

Name: _____ ()
(Last) (First) (M) Phone Number _____
Address: _____ E-mail: _____
(Number) (Street) (City) (Zip Code)
Birthdate: _____ CA Driver's License or ID #: _____ Expiration Date ____/____/____

EDUCATION (Check the highest grade completed)

High School 9 10 11 12 GED College 1 2 3 4

WORK EXPERIENCE - CURRENT/PREVIOUS (☐ check if resume is attached)

Employer's Name, Address & Telephone Number	Job Title & Duties	Dates: To and From

SPECIALIZED EXPERIENCE

Check any special skills or experiences that apply.

- | | | |
|---|---|---|
| <input type="checkbox"/> Customer service | <input type="checkbox"/> Training | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Public speaking | <input type="checkbox"/> Public relations | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Journalism | <input type="checkbox"/> Clerical |
| <input type="checkbox"/> Research | <input type="checkbox"/> Investigating | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Website Management | <input type="checkbox"/> Translation | <input type="checkbox"/> Certificate in Mediation |

Computer Skills:	Software Programs:	Language(s) Spoken:
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GENERAL INFORMATION

Please list previous or current volunteer work.

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How did you hear about the Department of Consumer and Business Affairs's Volunteer/Internship Program? _____

If you could choose your volunteer/internship assignment what would it be?
(Check all that apply)

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Consumer Counseling | <input type="checkbox"/> Mediation | <input type="checkbox"/> Casework/Investigations |
| <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Small Claims | <input type="checkbox"/> Special project research |

Please list the most convenient days and times for you to volunteer.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Have you ever had a professional license suspended or revoked? Do you have any criminal convictions? ☐ Yes ☐ No If yes, explain: _____

REFERENCES (Please provide two non-family references)

Name	Address	Phone	Relationship

EMERGENCY & MEDICAL CONTACT

Name: Relationship: Phone:

Doctor's Name: Medical Coverage: Phone:

I understand and agree that during the time I volunteer my services to the Department of Consumer and Business Affairs, I may not in any way solicit as a client any person contacting the Department of Consumer and Business Affairs for information and assistance.

I hereby certify that all statements made in this application are true to the best of my knowledge and authorize the County of Los Angeles to contact my references and initiate a criminal record check.

Volunteers and interns cannot work in the same division as a family member. We reserve the right to decline an applicant if, in the sole judgment of the Department, it would be in our best interest or those we serve.

Signature _____ Date _____

Please mail or email the completed application to:

County of Los Angeles Department of Consumer and Business Affairs
Volunteer/Internship Coordinator
500 West Temple Street, Room B-96
Los Angeles, CA 90012
ehernandez@dcba.lacounty.gov
Fax (213) 687-1137